

LOCAL BONFIRE DISPLAY APPLICATION

Applicant:	
Address:	
City, State & Zip:	
Phone: ()	Alternate Phone: ()
Purpose:	
Sponsor:	
Date of Display:	
Type of Fuel:	Quantity of Fuel:
Extinguishing Equipment on Site:	
DISPLAY OPERATOR	
Name:	
Address:	
City, State & Zip:	
Applicant Signature:	
Date Signed:	
Date of Site Inspection:	Inspector:
	APPLICATION, A PERMIT WILL BE ISSUED. CUR UNLESS AN ON-SITE INSPECTION HAS INFIRE LOCATION.

PERMIT FEE:

\$45.00